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ROUND TABLE

A RADIO DISCUSSION OF

BABIES COST MONEY

FRED ADAIR · SARAH DEITRICK · LOUIS WIRTH

227th BROADCAST IN COOPERATION WITH THE NATIONAL BROADCASTING COMPANY • 115

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ROUND TABLE

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NOTE

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BABIES
COST MONEY*

A UNIVERSITY OF CHICAGO ROUND TABLE BROADCAST

●

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* A radio discussion broadcast from the University of Chicago over the Red Network of the National Broadcasting Company, Sunday, May 26, 1940, at 1:30 P.M., Central Daylight Saving Time.

The ROUND TABLE, oldest educational program continuously on the air, is broadcast entirely without a script. Subjects are chosen because of their social, political, or economic significance. The program has no "ax to grind." In the selection of speakers, the effort is to provide a balanced discussion by participants who have special competence and knowledge. The opinion of each speaker is his own and in no way involves the responsibility of either the University of Chicago or the National Broadcasting Company.

BABIES COST MONEY

●

● More than 13,000,000 men died in the last war. Military observers estimate that during the first fifteen days of the present war more than 200,000 men have died.

● In America 100,000 babies are born in a fifteen-day period. Doctors estimate that it costs 150 dollars for adequate medical care in normal childbirth.

● With modern military weapons it costs about 25,000 dollars to kill a soldier.

● Far from the slaughter grounds of Flanders, the University of Chicago ROUND TABLE turns to a consideration of a topic vital to every American family: the economics of parenthood—"Babies Cost Money."

●

MR. WIRTH: While our newspapers are headlining the war and our radios are blasting away about the destruction of human life, I'm glad that we have a chance to discuss the creation of human life and the construction of it.

It might interest the American people to know that during their dinner hour today—or perhaps while they were at church this morning—275 babies were born. That's one every thirteen seconds.[1]

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[1] *Total live births in the United States numbered 2,286,962 in 1938, of which 2,005,955 were white, 267,700 were Negro, and 13,307 "other races." For a comparative picture of birth rates in the United States and other countries, see page 4.*

DR. DEITRICK: And of these 275 babies 13 are going to die before they are a year old, and what's more, ten more babies will be born dead.[2]

DR. ADAIR: About one to two mothers die in every 275 to 300 births. But I'd like to ask, what about the babies that live? We are speaking about saving the lives of those who die. Do all these babies who live have a chance to start from scratch?[3]

MR. WIRTH: You're right about that. Not only do a great many of them not start at scratch but many of them start with a handicap, and, while in a race we give the handicap to the able-bodied, and the superior, in life we give the handicap to those who are born into the poor families and with physical and mental defects.

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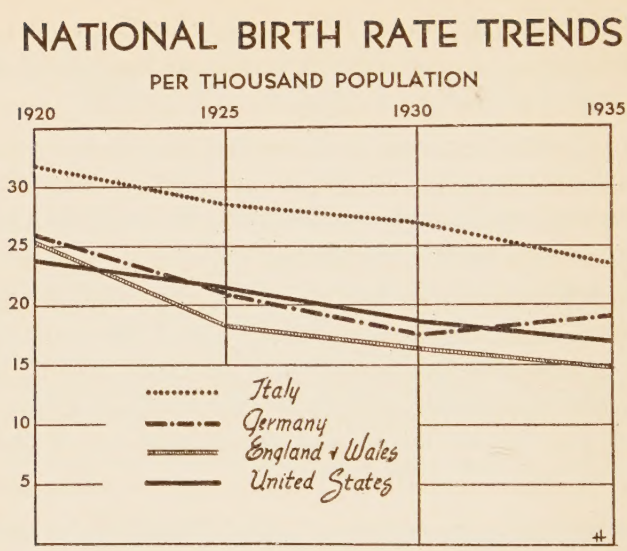
[2] *The stillbirth rate in 1937 was 33.4 per 1,000 deliveries, a reduction from the 39.4 figure of 1922. The infant mortality rate for the United States was 51.0 per 1,000 live births in 1938 (that is, about one in every twenty children born died in the first year of their lives). The figures for the last six years are: 1933: 58.1; 1934: 60.1; 1935: 55.7; 1936: 57.1; 1937: 54.4; 1938: 51.0.*

The considerable variations by states for infant death rates are pictured on page 15. For the period 1933–1936 the death rate for infants under the age of one month averaged 31.6 for white children and 44.5 for "other races" per 1,000 deaths.

[3] *In 1938, 9,953 mothers' deaths in the United States were assigned to "puerperal causes." Of these 5,360 were in urban areas, 4,593 in rural; 7,566 were white, 2,305 were Negro, and 82 were of "other races." Deaths assigned to pregnancy and childbirth were 4.4 per 1,000 live births, a decrease from the figure of 61 in 1915 (see page 14). In 1928 and 1936 the death rate (per 1,000 live births) for white mothers ranged between 5.1 (in 1936) and 6.3 (in 1929); for Negro mothers it varied between 9.3 (in 1934) and 12.2 (in 1928). As between city and country, the rate in 1938 was 4.8 maternal deaths per 1,000 live births in the city and 3.9 per 1,000 live births in the country.*



DR. ADAIR: What about the cost of these handicapped babies? Don't they fill our penal institutions and institutions for defective and crippled children?

MR. WIRTH: Precisely! I think that is one of the invisible costs of the destruction of human life that we are carrying on in peacetime.

DR. DEITRICK: And what about chronic invalidism of the mother, and those who die, at the time the child is born? Isn't that another handicap that we don't often consider?

DR. ADAIR: I was going to ask if it wouldn't be wiser to spend money in preventing these troubles rather than in taking care of them after they develop?

MR. WIRTH: But how to do it? I think, while you two experts are talking about what is involved in bringing babies into the world, and conserving their lives and that of their mothers, I'd like to direct your attention to the question of what it actually costs to bring

a baby into the world. We are talking about "Babies Cost Money." How much money do they cost? Have you any idea?

DR. ADAIR: The cost might be hard to estimate, but I have known of medical fees that amounted to five thousand dollars. After all, many people buy automobiles that cost five thousand dollars or more.

MR. WIRTH: I saw you arrive with a smile on your face this morning. You told me you had just helped giving birth to a baby boy. What about his family, his father?

DR. ADAIR: That particular baby happened to be born into a family that was able to pay for proper medical care, but perhaps the day before that we delivered a baby whose mother's condition was not very good because, while she received the same medical care as today's mother, nevertheless she wasn't able to provide the other essential things in the way of food.

MR. WIRTH: And it probably will make a lot of difference in the future of the two mothers and the two babies.

DR. ADAIR: The risk to her is very much greater than to the one who had the facilities for proper care.

MR. WIRTH: What about these costs? You said from $200 to $5,000 to bring a baby into the world in the middle and upper income groups. What about the average family and the average mother? What would the doctor's bill be in the average case?

DR. ADAIR: The doctors may take care of cases for no fee whatsoever, and they may vary their fee according to the circumstances of the patient.

MR. WIRTH: There is a lot involved, isn't there? I understand that care for mothers and babies now involves pre-natal care as well as attendance during birth.

DR. DEITRICK: Indeed it does! The mother should have

regular examinations before the baby is born as well as help when it is born and care afterwards.

Dr. Adair, what do you consider an average cost for a middle-class family for medical care only, and what would the average hospital cost be?

DR. ADAIR: The doctor bases his cost partly on the patient's income, and partly on his estimate of the value of his services. The doctor, in order to give adequate care, has to take care of the patient or see her perhaps ten or twelve times during the pregnancy; he has to spend a varying number of hours at the time of delivery; and then he has to give care for varying periods of time to mother and baby after the child is born until they are returned to proper health.

MR. WIRTH: I've seen reports that it costs the average lower middle-class family from about $50 as a minimum to $150 to bring a baby into the world. Is that about right?

DR. ADAIR: I presume that would be a fair estimate.

MR. WIRTH: What about these relief families, these thousands of people who can't afford to pay? Do they get medical care, too?

DR. ADAIR: Yes, they get medical care, especially in the cities. The cities are better provided with facilities to care for low income groups and free patients than are the rural areas.

MR. WIRTH: It's a fact—isn't it?—that one out of three babies born in the United States is born into a family that is either on relief or has an income of $700 a year or less. That's a very small income. How much can be afforded for obstetrical care, hospital care, and so forth, on that small an income?

DR. ADAIR: In the cities, of course, there are provisions for taking care of patients who cannot pay, and there are also nursing and physician facilities available. It frequently happens, for instance, that we see a patient in the low income group and we say

that she should have certain things to eat, but she is unable to purchase those things. So it isn't solely a matter of medical care.

DR. DEITRICK: It's certainly true—isn't it?—that families with less than $700 a year income cannot afford to pay very much for the cost of having a baby.

MR. WIRTH: Especially when that baby isn't expected, as is true in many cases.

DR. DEITRICK: Just last week a nurse and I visited homes in a rural county. One house was a one-room tar paper shack. The people were not on relief. A mother and father and little girl lived there, and were expecting another baby. It was obvious that they could pay little or nothing for the cost of the care of the mother and baby. It was also obvious that that mother, because of the circumstances—there was no running water or electric light; although the one room was as clean and comfortable as you could expect for a single small room—could not be delivered with complete care and in safety in that one room.

MR. WIRTH: So I suppose you took her to the hospital.

DR. DEITRICK: She will have to go to the hospital.

DR. ADAIR: What do you think the father thinks when he expects one baby and two or three arrive? What do you suppose "Papa" Dionne thought when he had *five?* Those babies turned out to be an asset rather than a liability.

MR. WIRTH: Exactly! Those babies are now supporting the father, but it isn't that way in all of the cases. You know the story told about the Dionnes: that the stork was getting lazy; he is bringing them five at a time now.

It seems to me that cases like that described by Dr. Deitrick present us with a real problem. What about these relief families or these low-income families? They can't pay for their babies at all. Is there any other way to give them the care that they deserve and need?

DR. ADAIR: I think the doctors are willing to supply the care but it is more than their time and energy will permit for them to do so without some compensation.

MR. WIRTH: I have many friends—young people—who have babies, and they are oftentimes afraid to have their babies because they feel they can't afford it. Is there any way in which we can figure out some plan or method for meeting the expenses that come with babies?

DR. ADAIR: Perhaps some of them put other things before the baby. They would hate to deprive themselves of anything in order to have a baby.

DR. DEITRICK: Doesn't the hospital insurance scheme help in that respect?[4]

DR. ADAIR: That would help budget their income, of course.

MR. WIRTH: I heard the other day that only four and a half million people in the United States and Canada are in these hospital plans. That means the rest of them have to pay for these cases as they come along.

DR. ADAIR: How many people can afford to be in the hospital plans? There must be a larger group of people who can't afford even to pay for hospital plans.

MR. WIRTH: I suppose that's true. To those the public must lend a hand.

DR. ADAIR: Yes, either through voluntary institutions or through tax supported institutions. But those institutions are largely limited to the cities, are they not?[5]

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[4] *Hospital insurance plans generally provide for an individual and family coverage of hospital expenses in return for a set premium. In maternity cases hospital services would be covered by such plans but generally physicians' fees would not.*

[5] *See pictograph, page 10.*

DR. DEITRICK: Yes. As you probably know, the Social Security Act which went into effect in 1936 made provision for federal grants to the states for extending care to mothers and children. This has enabled the states to about double what they were doing in this respect before 1936, and has made it possible for many mothers and children who live in the country to have the same advantages of medical and nursing care and health that have been available to mothers and children in the cities for some time past.[6]

MR. WIRTH: That's an attempt to equalize opportunities.

DR. DEITRICK: Yes. Just because you live in the country doesn't mean that you should be deprived of good medical and nursing care when needed.

DR. ADAIR: Do you think all communities could afford to support a hospital even if it were built?

DR. DEITRICK: No, I don't.

DR. ADAIR: How is it going to be supported?

MR. WIRTH: How about hospital care? Many people feel that the costs of hospital care are unusually high and they can't afford it. Are they really as high as they seem to be?

DR. ADAIR: Those people who object to hospital costs wouldn't object to going to a hotel and paying the same amount of money for a room and meals. The hospital has everything that a hotel has, and more. They have to supply nursing care and look after other things, and there aren't many new-born babies in hotels, either; they are mostly in hospitals.

MR. WIRTH: How about these babies that never get born?

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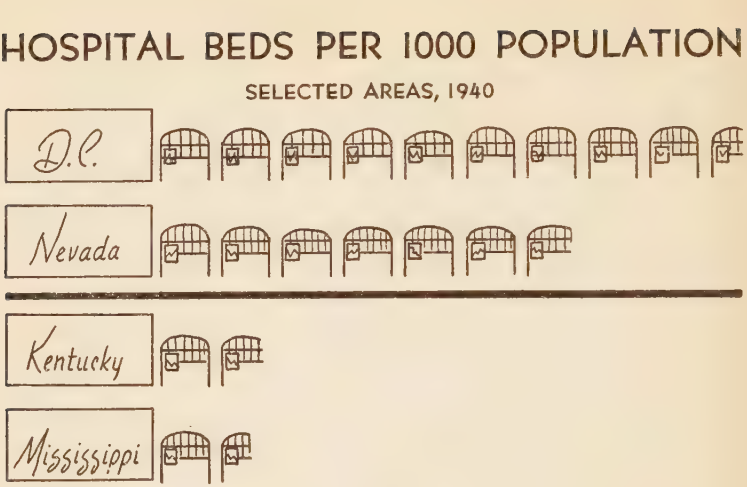
[6] *During 1938–1939 federal grants to the states for maternal and child-welfare services under the Social Security Act amounted to 8,250,000 dollars.*



DR. ADAIR: We'd have to consider the cost of that as wasted effort so far as reproduction is concerned and the cost is tremendous because some of these women never are able to bear children again. That means a waste so far as her future is concerned, and, of course, the total loss of the baby. About three-fourths of the prospective fruitful pregnancies give forth living children. About one out of four probably would terminate in an abortion.[7]

MR. WIRTH: So when we are considering the cost of having babies and the cost to the community, the nation, and to the individuals, we must not only consider what must be spent in order to have them, but also the death and crippling and maiming that may follow or precede births. Isn't that it?

DR. ADAIR: It seems rather sordid to consider this just from the standpoint of cost in dollars because, after all, dollars only represent value more or less. For instance, we say butter costs so much a pound. Well, it isn't the money that is any good; it's the butter, isn't it?

[7] *Abortions in the United States are estimated to number about five or six hundred thousand per year.*

MR. WIRTH: Yes, and we can't often figure human life in dollars and cents. Dr. Deitrick, you've seen a lot of these cases. What sometimes results from childbirth where the mother isn't attended correctly or as she should be?

DR. DEITRICK: There are some great tragedies. We have sudden deaths from something like hemorrhage. What does that mean to a family? It means usually a broken home; more motherless children. The cost of a mother's death cannot be measured in dollars and cents. It's a social calamity. If we are going to bring good children into the world we must pay the cost, whatever it is.

MR. WIRTH: In other words, you feel, then, that not only is it our duty as a humanitarian nation to take care of them but we must take care of them out of sheer self-interest.

DR. ADAIR: These children have to be trained for a democratic life, for twenty-one years—before they vote—don't they? They should be suitable material to start with, shouldn't they?

MR. WIRTH: I should think so.

DR. DEITRICK: Perhaps we can describe just what kind of children we are talking about.

MR. WIRTH: Let's take the 275 that were born in the last hour, which makes a total of 2,400,000 for a year in the United States. We find that about half of them are born in the city and half of them in the country. They aren't all the same race or color, are they?

DR. DEITRICK: Out of our 275 babies that are being born this hour, 32 or 33 will be Negro babies.

MR. WIRTH: And they don't have the same chance as the whites.

DR. DEITRICK: They do not.

DR. ADAIR: We have been talking about *quantity*. What about

quality? Do you think every child that is born has the same quality, perhaps?

MR. WIRTH: I shouldn't say so, although I haven't examined them as closely at the early stages as you have, Dr. Adair. But if we realize that some are going to be handicapped throughout life and some are going to be able to take care of themselves, we have a very complex problem. We also realize that they are not getting the same chance even while they are born, are they? Some are born in hospitals and some are born in homes.

DR. ADAIR: That's true. We can't control the hereditary factors, but shouldn't we at least strive to give everybody an equal chance from the standpoint of environment?

MR. WIRTH: I should think that would be ordinary wisdom and decency in a country that claims what this country claims.

DR. ADAIR: Shouldn't that be one of the fundamental purposes of a democracy?

MR. WIRTH: All right! What are we doing about it? Are all babies attended by doctors and born in hospitals?

DR. DEITRICK: Out of our 275 babies being born this hour, 132 will be born in hospitals with a doctor attending.[8] Twenty-six or twenty-seven will have midwives to attend them.

[8] *Births in the United States in 1938, by services and attendants:*

Figures in Per Cent	*Physician Attending*		*Midwife*	*Other*
	Hospital	*Home*		
Total in U.S.....	*48.0*	*41.8*	*9.5*	*.7*
White.....	*51.6*	*44.2*	*3.7*	*.5*
Negro.....	*21.2*	*24.8*	*53.1*	*.9*
Urban.....	*78.1*	*19.6*	*2.2*	*.1*
Rural.....	*19.1*	*63.3*	*16.6*	*1.0*

DR. ADAIR: Is there any difference in the city and country in this respect?

DR. DEITRICK: Of course the majority of children in cities are born in hospitals—over fifty per cent. Country children are born much less than fifty per cent in hospitals, speaking very roughly.

DR. ADAIR: About nineteen per cent.

MR. WIRTH: What about the mothers? I understand that one out of 250 mothers dies in childbirth. Is that about right? That represents a tremendous loss. Are we as well off as the other enlightened countries of the world, if there are any such left?

DR. DEITRICK: No, we are not. We have had more mothers die in this country than has England, Ireland, Sweden, Italy or Norway in the past two years. We are improving. Since 1936 the death rate of mothers has dropped quite satisfactorily, and if we keep on we will not need to be ashamed of our death rate.[9]

DR. ADAIR: Aren't there a good many factors that enter into that? It seems to me that this country gives some of the best statistics, or best results, so far as care of mothers and babies is concerned, and on the other hand it gives some of the worst. For instance, are there any better results in any of the countries of corresponding size and condition than have been obtained in certain states in this country, or in certain large cities, like Chicago or New York, for example?

DR. DEITRICK: I don't believe there are. This country is spotty. In certain places our death rates are extremely low. Chicago is one; Connecticut is another.[10]

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[9] *In 1935 the American maternal death rate of 5.8 per 1,000 live births compared with 4.1 for England and Wales, 5.3 for Australia, 3.0 for Italy, 2.6 for Japan, 3.0 for Uruguay, and 2.8 for Norway.*

[10] *In Chicago, .24; in Connecticut, 2.8 (1938, per 1,000).*

MATERNAL MORTALITY: 1939†

EACH SYMBOL EQUALS 1 DEATH PER 1,000 LIVE BIRTHS

DR. ADAIR: Shouldn't we attempt, then, to spread the same kind of care that is received in these best areas to the worst areas so that we may have a uniformity throughout the country?

MR. WIRTH: We find that the average mother has more than three times as good a chance to live through childbirth unharmed if she lives in Connecticut or North Dakota than if she lives in South Carolina or in Florida.

About a year or so ago I had a chance to see that film, that you, Dr. Adair, had a great deal to do with, *The Birth of a Baby.*[11] I know a lot of people who are listening to this University of Chicago ROUND TABLE must have seen that film. It made clear to me for the first

† *Provisional estimates, January–September.*

[11] *"The Birth of a Baby" was first exhibited at the American Medical Association convention in 1937. It was made from a script written by Dr. Adair and Dr. Warren Cox, Jr., and was approved by the American Committee on Maternal Health.*

time what it really means to have a baby; what care is desirable before birth, during labor and afterwards. We ought to assume that such a film has had some effect upon the country in bringing home standards of care for mothers and babies, hasn't it?

DR. ADAIR: I presume it has. That film was designed and supervised by a group of doctors who were very much interested in maternal care. It has been shown in some thirty-odd states to over five or six million people. The purpose of the film was primarily educational in order to show people what some of the high points in actual maternal care were with reference to the mother and the father and the care of the baby.

MR. WIRTH: We have already seen that thirteen or fourteen of the 275 babies being born during this hour are going to die in the first year of their lives, and I understand more than half of these will die in the first month of their lives. Is there any real difference be-

‡ *Provisional estimates, January–September.*

tween the death rate of the children in different parts of the country, and in country and city?

DR. DEITRICK: There is a tremendous difference. There is a difference, to begin with, in the death rate of children who live in the city and those who live in the country. We have always thought of the city as being a bad place to raise children, and for a long time the death rates of children in cities were higher than death rates of country children. In 1929 a very interesting thing happened. For the first time we had a higher death rate of children in the country than we had in the city, and that has continued. It isn't a great deal higher, but it still remains higher and more children die now in the country than in the city.

DR. ADAIR: But what about the children that *live?* What is the future of the children in the country and the city areas?

MR. WIRTH: You mean the chances for education and health and growing up into sound human beings? While the physical conditions in the country might be better in some respects, the institutional facilities in the city are very much better, and so conditions may be equalized in that way. But we seem to have gone a long way over the past few years in improving conditions. I understand, for instance, that in *Manila* up to 1911 every other baby born died in the first year of life, and in Hongkong, as late as 1909, seventy-five per cent of the babies died. That is *three out of four.*

DR. ADAIR: Why go to *Manila* and Hongkong? We can go back to 1915 in our own country where one baby out of ten born alive died. Now in certain areas we have reduced that to one in thirty or thirty-five: here in Chicago, for instance.

DR. DEITRICK: We still have a long way to go in some other parts of the country, though. A Negro child under the age of one year dies for every four or five white children.[12]

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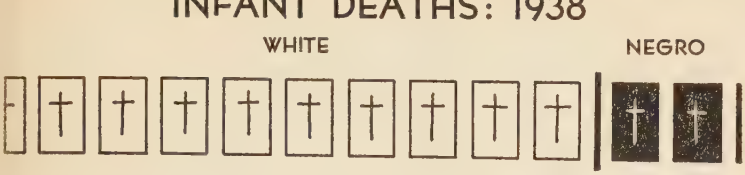
[12] *See illustration, page 17.*



MR. WIRTH: I noticed that in Chicago, for instance, the Negro baby death rate is about twice as high as it is for the whites. I suppose that is typical of the country as a whole.

DR. DEITRICK: Of course, and that affects the statistics of some of the southern states and partially explains the fact that the average child born in South Carolina stands twice as much chance of dying before it is a year old than a child born in Oregon. The child born in New Mexico has three times as great a chance to die as the child born in Oregon.[13]

MR. WIRTH: I wish you would put it the other way round. How much of a chance does he have to live instead of dying in these various states?

DR. ADAIR: Do you think the lack of medical and nursing care is the sole factor in these deaths?

DR. DEITRICK: No, the economic factor must be considered.

DR. ADAIR: Is it just lack of money, or is it what money will buy that is lacking?

MR. WIRTH: When you consider the fact that at least one-third of our babies are born in homes with an income of less than $700 a year you can realize what that means in the form of poor housing and lack of sanitation: lack of bathrooms and toilets, poor food, ignorance, poverty and inaccessibility to those facilities that make human life possible.

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[13] *See chart, page 15, of latest estimates.*

DR. DEITRICK: We don't need to take a fatalistic attitude about that and say just because there is poverty nothing can be done to improve the health of mothers and children.

MR. WIRTH: You mean that we have gone a long way already?

DR. DEITRICK: We have to start somewhere, let's start with improving the health of mothers and babies.

MR. WIRTH: What can we do? Where can we do something to save the lives of babies and mothers?

DR. ADAIR: I want to clear up this point about nutrition. I understand, for instance, that in some areas, even though food is available, it is very difficult to overcome the food habits of people.

DR. DEITRICK: That's very true!

MR. WIRTH: I understand, though, that in one of your books, Dr. Adair, you state that two out of three of the fourteen thousand mothers who die each year from conditions connected with childbirth could be saved.

DR. ADAIR: Yes, I think that is correct.

MR. WIRTH: How could they be saved? By what could they be saved?

DR. ADAIR: They could be saved by better medical and nursing care, by better availability of institutions for the care of the mothers, and by having proper facilities in the institutions.

MR. WIRTH: Aren't there a lot of these mothers who are harassed before the birth of their babies and afterwards—who have to go to work and, therefore, are unable to treat their children properly?

DR. ADAIR: I think it has been pretty well established that there is a definite relationship between poor nutrition, for instance,

and the incidence of infection. A person who has had poor nutrition would be more susceptible to an infection, for instance, in association with childbirth. Of course, she could not withstand bleeding as well as a woman who is in better health. I think heavy and arduous work for women is one of the factors in producing premature births, which is a big item in infant mortality.

DR. DEITRICK: On that subject I think we are beginning to attack the problem of caring for premature babies on a much larger scale than has ever been done previously.

MR. WIRTH: You mean that fewer die now?

DR. DEITRICK: Yes. Out of the 275 babies being born this hour, twenty-two or twenty-three are going to be premature babies. They are going to need special care, and more and more people are being impressed by this fact and more facilities are being made available for special care of babies in the country as well as in the city.[14]

DR. ADAIR: Are there any diseases that lead to stillbirths and premature births which could be prevented?

DR. DEITRICK: Yes, there are. The classical one, of course, is syphilis.

MR. WIRTH: We are doing a lot about that now that we were not doing a few years ago.

DR. DEITRICK: If we can treat the mother before the baby is born we can prevent almost one hundred per cent of the cases of congenital syphilis.

DR. ADAIR: Wouldn't it be better if the parents were treated for syphilis before they were married rather than afterwards?

DR. DEITRICK: It certainly would!

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[14] *Of the 116,000 babies under one year of age who died in 1938, 73,000 were premature, comprising by far the largest group attributable to a single cause.*

DR. ADAIR: Is there any way of preventing that that you know of?

MR. WIRTH: Obviously, there is health inspection—isn't there?—and certification before marriage, which we have, for instance, here in this state and in a great many other states?

DR. ADAIR: In some states there are requirements for premarital examination, Wasserman tests, and so forth, before the marriage license is issued.

MR. WIRTH: Let us look at the situation in which we find ourselves. We have discussed some of the serious consequences of inadequate care. Isn't it also true that our birth rate—that is, the number of babies that are actually being born—is declining in part because it costs so much to have babies that parents are deterred from having babies?

DR. ADAIR: There is no evidence, I think, that there is a diminution in the number of people who can have children. The diminution is in the number of children they can have.

MR. WIRTH: That is, our families are getting smaller.

DR. DEITRICK: Isn't it true that the birth rate in this country is falling along with the birth rate in other civilized countries?[15]

MR. WIRTH: Exactly, but it is also a serious fact that the people with the lowest incomes are the ones that have the greatest number of children to support.

DR. ADAIR: That's true.

MR. WIRTH: It's like that story of little Joe who was asked: "How do you like your little sister?"

He replied: "Oh, she's all right, I guess, but there are lots of things we needed more than a little sister."

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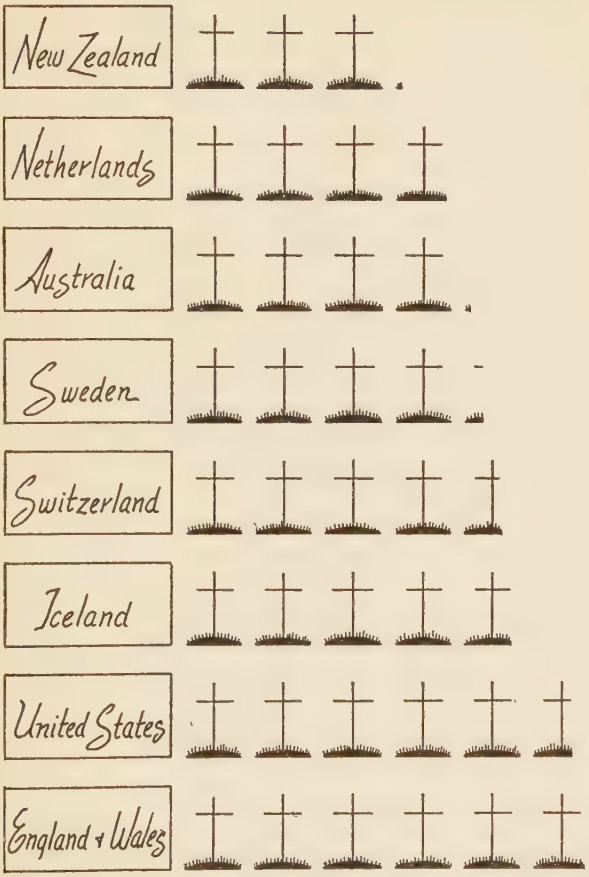
[15] *For comparative birth-rate figures, see illustration on next page.*

INFANT DEATH RATES: 1936
BY COUNTRIES



EACH SYMBOL EQUALS 10 DEATHS PER 1,000 LIVE BIRTHS

DATA FROM BUREAU OF CENSUS, DEPARTMENT OF COMMERCE

DR. ADAIR: Isn't that true in many families? They think they need other things more than they need babies.

MR. WIRTH: That's true. But is there any way that improvement can be made, besides raising people's income and indulging in public programs, which will enable the community to raise the standards of living and of health and medical care? Obviously, medical progress has been great in these fields. That we are all agreed upon.

DR. ADAIR: Our knowledge is sufficient now if we could simply apply it generally to secure much better results. We don't need a lot of new knowledge.

MR. WIRTH: We have the knowledge and all we need to do is apply it and equalize the opportunities for the various parts of the country and for the various classes of the population. We can hardly be expected to do less for our young people and the babies and mothers that we bring into the world than the countries that use them for cannon fodder.[16]

---

[16] *In Germany (May 24), Erich Koch, party district leader for East Prussia, "instructed the party and the National Socialist welfare organization, Mother and Child, to set up an office in every county seat which will take over all the burden [of red-tape] from soldiers' wives and mothers."* Chicago Daily News, *May 24, 1940.*

SUGGESTED READINGS

Adair, Dr. Fred L., editor, *Obstetrics and Gynecology.* Philadelphia: Lea and Febiger, 1940. *Chapter ten of this volume synthesizes much of the statistical material on birth rates, maternal and infant mortality rates, and other aspects of childbirth now available.*

Amidon, Beulah, "Women and Children Last," Survey, February, 1938. *A critical approach to the problem of motherhood and child welfare, with some suggestions for improving America's record on maternal and infant mortality.*

Dublin, L. I., "The Problem of Maternity," *American Journal of Public Health,* August, 1939. *A leading American statistician considers some aspects of motherhood and its problems.*

Furnas, J. C., "That Mothers May Live," *Ladies' Home Journal.* November, 1939. *An appeal for better conditions for maternal health in America and for a reduction of our present maternal death rate.*

Proceedings of the Conference on Better Care for Mothers and Babies. Washington: Government Printing Office, 1938. *A report of the work of a conference meeting in Washington in January, 1938, to consider some of the contemporary problems of childbirth and maternal and infant care.*

White House Conference, 1930. New York: The Century Company, 1931. *The proceedings of President Hoover's conference on child health and protection, with abstracts of committee reports.*

OBJECTIVE QUESTIONS FOR EXAMINATION

The answers to the following questions may be found in the text of the broadcast, and page references are provided to assist in locating the answers.

*

1. About how many babies are born every hour in the United States. Page 2.
2. What proportion of America's babies are born to relief families and families with incomes under $700 per year? Page 7.
3. What is the ratio of city to country births? Page 11.
4. How many of the babies born every hour will be Negro children? Page 11.
5. An average hour's number of babies will show what number born in a hospital with a doctor in attendance? Page 12.
6. In the country areas, what percentage of the total births occur in hospitals? Page 13.
7. One mother dies in approximately how many births? Name two foreign countries in which the death rate for mothers is lower than in the United States. Page 13.
8. What American states have fewer maternal deaths than average? List some having more than average. Page 14.
9. Cite one of the examples used to show the extremely high infant death rate in the Far East a few years ago. Page 16.
10. How does the Negro infant death rate compare with the white? Page 16.

QUESTIONS FOR ANALYSIS AND DISCUSSION

The following questions of wider scope, intended for discussion, are suggested by the broadcast, and answers may be found in the literature on the subject listed in the section "Suggested Readings," found on page 23.

*

1. Babies born alive are separated on the following basis:
   a) Those born in a hospital attended by a doctor
   b) Those born at home attended by a doctor
   c) Those born at home attended by a midwife
   Which of these categories is preferable from the standpoint of both mother and child?

2. The birth rate of the whole world (even including nations such as France, Germany, and Italy, which have striven desperately to increase births) has been declining. To what reason (or reasons) do you attribute this trend? If you were in charge of a government program to increase the birth rate, what inducements would you offer to people to have children?

3. Maternal and infant death rates in America have declined since the World War, but they are still higher than those of many other countries. What would you suggest doing to lower these rates?

4. If the best medical care might be made available to mothers and newborn children, other factors would still claim many lives. List some of these factors and suggest ways in which maternal and infant death rates might be lowered purely apart from medical science as such.

5. Do you think the costs of having a baby under the best circumstances are—*a*) too high; *b*) about right; *c*) low. Can you think of any specific ways in which medical costs might be lowered? Discuss.

The Listeners' Round Table . . . .

Letters to the ROUND TABLE *frequently contain sidelights on the subject matter discussed on the air. These comments are from letters received following the broadcast May 19, "America and the Peacemongers."*

*

Some Shepherds!

Your radio discussion last Sunday was the rawest piece of propaganda I have ever heard indulged in by educators at large. For many years I have wondered what was wrong with our educational system at large. I no longer wonder. When shepherds are in chaos, what can we expect of the sheep?

Disillusioned, Washington

*

The League

I agreed with every word you said. For America to be out of the League of Nations has always seemed to me like driving the cows into the corral and then leaving the gate open.

I. W., California

*

Stay Out

With so much of the world gone mad, we—America—must keep sane and stay out of the conflict, so we can, at the finish, give the kind of assistance a nation sprung from our ideals should give.

American Mother

The Embargo

When the arms embargo was raised we became un-neutral. Had we not raised the arms embargo, the war could not have gone on.

Our frontier is right here in America, and let us mind our own business.

A Citizen, Idaho

*

Stand Aside

If England is now being mauled by the creature she brought forth, our best course lies in standing aside to let her suffer the consequences.

L. S., California

*

Mongers

We were all very much displeased with the ill-chosen association of "mongers" with "Peace." Was the Prince of Peace a monger? No, gentlemen, your play on words may in this instance have been unwise. War mongers—yes! But surely not Peace Mongers.

L. E. M., California

Babies

Yes, the salutary outcome of Nazi aggression is that it has made plodding insignificant workers and housewives and mothers (such as I) into militant socialists. Not in high school nor college economics and sociology did I learn the Georgist and Bellamy plans, but now in maturer years with children and their future to consider have I given time and thought to what is wrong with our way of life; why, with two of us working ten and twelve hours a day, six days a week we cannot properly support a family of only four. Not only because "babies cost money" but because their future is still hazardous and parents are loath to inflict on possible offspring their mental misery, have we limited our families.

H. P., Massachusetts

*

Learned Men

In these troubled times, it is extremely gratifying to listen to something on the radio that doesn't breathe of hysteria and propaganda. It is soothing to hear the opinions of learned men and comforting to hear of opinions expressed individually instead of being forced continually to accept the opinion of one person. . . . .

You will understand when I say that your programs have been especially valuable for me as I am a Dane by birth and am over here on business and must stay now until the cessation of the war. I have taken out my first papers toward becoming an American citizen—and I am certain that this step is the right one. Since it is so easy to grasp at any straw these days, I have gotten into the habit of wishful thinking, and although I realize how futile it is—it is hard to break oneself of such a habit and that is why I am so grateful to you for your programs . . . . it assists in directing the thinking in a sane, sensible channel.

A. M., New York

*

Not Us

I have long been a listener to your program, and yet this is the first time that I have been sufficiently aroused to write. You see, I, like thousands of other American students, am still convinced that we were not meant to die fighting in Europe. Two years ago I was forced to leave Bowdoin because of lack of money. Now I have earned enough to return. Why should I sacrifice my life for an increased dividend of Bethlehem Steel?

Believe me, we are the ones who will die if America enters the war. Why should a few men, who would never engage, personally, in any fight, placidly dole out our lives and chances for happiness? We will fight for America on our soil, but why anywhere else? Please think of us when you consider spilling our blood.

E. R. H., Maine

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103. *Economic Issue and 1940*
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105. *Must the World Unite?*
106. *Can We Protect America?*
107. *The Census*
108. *The Archbishops Look at America*
109. *Scandinavia on the Spot*
110. *Third Term?*
111. *Where's that War Boom?*
112. *The Trojan Horse*
113. *Blitzkrieg, May, 1940*
114. *America and the Peacemongers.* May 19

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City	*Call Letters*	*Kilocycles*	*City*	*Call Letters*	*Kilocycles*
Boston, Mass.	WNAC	1230	Portland, Me.	WCSH	940
Buffalo, N.Y.	WBEN	900	Providence, R.I.	WJAR	890
New York, N.Y.	WEAF	660	Schenectady, N.Y.	WGY	790
Philadelphia, Pa.	KYW	1020	Wilmington, Del.	WDEL	1120
Pittsburgh, Pa.	WCAE	1220	Worcester, Mass.	WTAG	580

1:30 P.M. EASTERN STANDARD TIME

Allentown, Pa.	WSAN	1440	Greenville, S.C.	WFBC	1300
Asheville, N.C.	WISE	570	Jacksonville, Fla.	WJAX	900
Charleston, S.C.	WTMA	1210	Johnstown, Pa.	WJAC	1370
Charlotte, N.C.	WSOC	1210	Lakeland, Fla.	WLAK	1310
Cleveland, Ohio	WTAM	1070	Miami, Fla.	WIOD	610
Columbia, S.C.	WIS	560	Raleigh, N.C.	WPTF	680
Columbus, Ohio	WCOL	1210	Richmond, Va.	WMBG	1350
Detroit, Mich.	WWJ	920	Savannah, Ga.	WSAV	1310
Florence, S.C.	WOLS	1200	Tampa, Fla.	WFLA	620
Grand Rapids, Mich.	WOOD	1270	Washington, D.C.	WRC	950

1:30 P.M. CENTRAL DAYLIGHT SAVING TIME

Chicago, Ill.	WMAQ	670			

12:30 P.M. CENTRAL STANDARD TIME

Amarillo, Tex.	KGNC	1410	Madison, Wis.	WIBA	1280
Birmingham, Ala.	WBRC	930	Milwaukee, Wis.	WTMJ	620
Bismarck, N.D.	KFYR	550	Minneapolis and		
Des Moines, Ia.	WHO	1000	St. Paul, Minn.	KSTP	1460
Duluth, Minn., and			New Orleans, La.	WSMB	1320
Superior, Wis.	WEBC	1290	Oklahoma City, Okla.	WKY	900
Evansville, Ind.	WGBF	630	Omaha, Neb.	WOW	590
Fargo, N.D.	WDAY	940	Pittsburg, Kans.	KOAM	790
Fort Wayne, Ind.	WGL	1370	St. Cloud, Minn.	KFAM	1420
Indianapolis, Ind.	WIRE	1400	St. Louis, Mo.	KSD	550
Jackson, Miss.	WJDX	1270	San Antonio, Tex.	WOAI	1190
Little Rock, Ark.	KARK	890	Shreveport, La.	KTBS	1450
Louisville, Ky.	WAVE	940	Terre Haute, Ind.	WBOW	1310

11:30 A.M. MOUNTAIN STANDARD TIME

Albuquerque, N.M.	KOB	1180	Phoenix, Ariz.	KTAR	620
Billings, Mont.	KGHL	780	Salt Lake City, Utah	KDYL	1290
Boise, Ida.	KIDO	1350	Tucson, Ariz.	KVOA	1260
Butte, Mont.	KGIR	1340	Twin Falls, Ida.	KTFI	1240
Helena, Mont.	KPFA	1210			

10:30 A.M. PACIFIC STANDARD TIME

Bakersfield, Cal.	KERN	1370	San Diego, Cal.	KFSD	600
Fresno, Cal.	KMJ	580	San Francisco, Cal.	KPO	680
Los Angeles, Cal.	KFI	640	Seattle, Wash.	KOMO	920
Portland, Ore.	KGW	620	Spokane, Wash.	KHQ	590
Sacramento, Cal.	KFBK	1490	Stockton, Cal.	KWG	1200

STATIONS CARRYING ROUND TABLE BY TRANSCRIPTION

Honolulu, T.H.	KGU	750k	9:00 P.M.
Cincinnati, Ohio	WSAI	1330	8:30 P.M. EDST

IF GERMANY WINS

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A UNIVERSITY OF CHICAGO ROUND TABLE BROADCAST

JUNE 2, 1940

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NEIL H. JACOBY, Assistant Professor of Finance, University of Chicago

MELCHIOR PALYI, Former Economic Adviser, *Deutschebank,* Berlin

IRVING PFLAUM, Foreign Editor, *Chicago Times*

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SUGGESTED READINGS

"If Hitler Writes the Peace," *New Republic,* May 20, 1940.

SOULE, GEORGE, "If Germany Wins," *New Republic,* April 22, 1940.

"The Impact upon the U.S. of the Nazi Victories," *United States News,* May 24, 1940.

VILLARD, OSWALD G., "Germany's Hopes and Plans," *Nation,* December 2, 1939.

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